

# **EXHIBIT 6**



Case Number: YE00112-20  
Collision Date: 08/08/2020 16:19  
Trooper: LINZY #649  
Location: KILPATRICK TURNPIKE MILE 113  
At or Near: NW 36 ST. UP  
City and County: OKLAHOMA CITY, CANADIAN

Name: MILANOVIC, OGNJEN  
License Number: [REDACTED]  
DOB: [REDACTED]  
Phone Number: [REDACTED]  
Address Street: 3-3 FOUR WINDS DR  
City: NORTH YORK State: ON ZIP:  
Insurance Company: OLD REPUBLIC INS CO  
Insurance Phone: 8665241556  
Policy Number: T70051D  
Vehicle Make: KW Model: T680 Year: 2019  
VIN: DKKYDP9X0LJ960146  
Tag Number: PA10315 Tag State: ON  
Owner Name: HL MOTOR GROUP INC  
Owner License Number:  
Owner Street: 15 OLD COLONY ROAD UNIT 33  
Owner City: RICHMOND HILL State: ON ZIP: L4E 4

If you find the other driver was not insured at the time of the above referenced collision, you may complete an Oklahoma Motor Vehicle Collision Report and submit the same within 1 year of the collision to:

DPS - Driver Compliance Division  
P.O. Box 11415  
Oklahoma City, OK 73136-0415

Call 405-425-2098 or visit [www.dps.state.ok.us](http://www.dps.state.ok.us) with questions.

The Official Oklahoma Traffic Collision Report can be obtained by calling the Department of Public Safety Records Management

Division at 405-425-2262.

DO NOT WRITE IN THIS SPACE

Incident Report  
Investigation Completed  
Investigation Made at Scene  
Photographs

Y N  
  Revised  
  Fatality  
  Hit and Run

## OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency				Case Number (Agency Use)								
OKLAHOMA HIGHWAY PATROL				YE00112-20								
(2) Date of Collision (mm/dd/yyyy)		Time	County Number and Name		Nearest City or Town Number and Name							
08/08/2020		1619	09	CANADIAN		In <input checked="" type="checkbox"/> 70	OKLAHOMA CITY					
(3) Distance from Nearest City or Town Limits				Control #	Int ID	Location	East Grid	North Grid	Administrative			
				MI <input type="checkbox"/> FL <input checked="" type="checkbox"/> N <input type="checkbox"/>	ML <input type="checkbox"/> FL <input type="checkbox"/> E <input type="checkbox"/> W <input checked="" type="checkbox"/> 00	00	.00	067	5 026 0	PARIS		
(4) Street, Road or Highway				Distance from		(Nearest) Intersecting Street, Road or Highway						
KILPATRICK TURNPIKE MILE 113				Al	0264	MI <input type="checkbox"/> FL <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	of	NW 36 ST.				
(6) Unit	Occupants	Type	Hit & Run	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)		Sex		
01	01	D	<input checked="" type="checkbox"/> CMV	MILANOVIC	OGNJEN					M		
(6) Address				City	State	Zip	Telephone (Use Area Code)					
(7) Driver License Number				State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use	
					A		Z	3	2,4	11	01	
(8) Ejected Extricated Test (% BAC)				Transported by	To Medical Facility	License Plate Number		State	Month	Year		
Air Bag	1	1	1	5 0.	EMSA	OU HOSPITAL	PA10315	ON	12	2020		
(9) VIN				Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage		
IXKYDP9X0LJ960146				2020	BLU	0	KW	T680	10	4		
(10) Insurance Company Name				Policy Number				Insurance Telephone (Use Area Code)				
Insurance Verification	3	OLD REPUBLIC INS CO		T70051D				8665241556				
(11) Vehicle Removed by				Owner's Last Name	First	Middle	Suffix					
Driver	ARROW WRECKER			Same as Driver								
(12) Owner's Address				City	State	Zip	Oversized Load	0 00	Rolled <input type="checkbox"/> Burned <input checked="" type="checkbox"/>	Phone present <input type="checkbox"/> Phone in use <input checked="" type="checkbox"/>		
(13) Citation Number				Statute/Ordinance Number	Citation Number	Statute/Ordinance Number						
(14) Unit				Occupants	Type	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)		
02	00	C	<input checked="" type="checkbox"/> CMV	9								
(15) Address				City	State	Zip	Telephone (Use Area Code)					
				YUKON	OK	73099						
(16) Driver License Number				State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use	
9								0 0	0 0	00	00	
(17) Ejected Extricated Test (% BAC)				Transported by	To Medical Facility	License Plate Number		State	Month	Year		
Air Bag	0	0	0	5 0.		BXZ861		OK	06	2021		
(18) VIN				Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage		
1FMCU0EG5AKC23076				2010	WHI	0	FORD	ESCA	20	4		
(19) Insurance Company Name				Policy Number				Insurance Telephone (Use Area Code)				
Insurance Verification	2	STATE FARM INSURANCE		3623576151				8007828332				
(20) Vehicle Removed by				Owner's Last Name	First	Middle	Suffix					
Driver	<input checked="" type="checkbox"/>			Same as Driver	MENDENHALL	EMILY OR MILA						
(21) Owner's Address				City	State	Zip	Oversized Load	0 00	Rolled <input type="checkbox"/> Burned <input checked="" type="checkbox"/>	Phone present <input type="checkbox"/> Phone in use <input checked="" type="checkbox"/>		
(22) Citation Number				Statute/Ordinance Number	Citation Number	Statute/Ordinance Number						
(23) Investigating Officer				Badge Number	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)			
Wayne Linzy				649	YE	YE	TL	94	08/08/2020			
Unit Type				Injury Severity		Type of Injury	Driver/Pedestrian Condition		Occupant Protection (OP) In Use			
D Driver	2 Other Cyclist	0 N/A	4 Incapacitating	0 N/A	3 Trunk-Internal	00 Not Applicable	05 Under the 08 II (Side)	00 Not Applicable	05 Child Restraint Type Unknown	10 Booster Seat		
P Pedestrian	C Parked Car	1 N/A	5 Fatal	1 Head	01 Apparently Normal	Influences of 09 Dizzy/Faint	01 None Used	06 Restraint Used - Type Unknown	11 Other			
P Pedestrian	A Animal	1 N/A	9 Unknown	2 Trunk - External	02 Drinking - Ability Impaired	Medications 10 Embroided	02 Lap Belt Only	07 Helmet	99 Unknown			
Conveyance	T Train	3 Possible	9 Unknown	5 Arms	03 Odor of Alcohol Beverage	06 Very Tired 11 Other	08 Child Restraint - Forward Facing					
B Cyclist		3 Non- incapacitating		5 Legs	04 Illegal Drugs	07 Sleepy 99 Unknown	04 Shoulder and Lap Belt					
Air Bag Deployed				Ejected	Extricated	Chemical Test	Extent of Damage	Insurance Verification	Oversized Load	Towed Vehicle Type		
0 Not Applicable	4 Deployed - Other (knee, air bell, etc.)	0 Not Applicable	3 Ejected, partially	0 N/A	4 Test Refused	0 N/A 3 Operator	0 N/A	00 N/A	05 Another Vehicle	09 Stock/Trailer		
0 Not Deployed	5 Deployed - Combination	0 Not Applicable	9 Unknown	1 Blood	5 None Given	4 Permitted	01 Boat Trailer	06 Utility Trailer	10 Camping/Trailer			
2 Deployed - Front	5 Deployed - Combination	2 Ejected, Partially	2 Yes	2 Breath	5 Other	4 Exempt	02 House Trailer	07 Homemade	11 Combination			
3 Deployed - Side	5 Deployment Unknown			3 Blood/Breath	2 Minor	2 Owner	03 Farm Trailer	08 Box Trailer	12 Other			
					9 Unknown	0 Permitted	04 Horse Trailer		99 Unknown			

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

Case Number YE00112-20

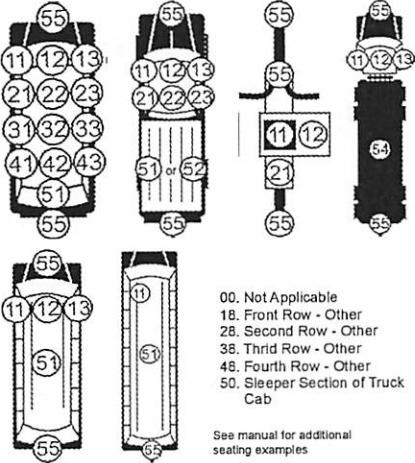
Pg 2 of 6

(24) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	OKLA TURNPIKE AUTH						
(25) Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver	3500 N ML KING AVE	OKLAHOMA CITY	OK	73111	(405)425-3600			
(26) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
								20' FENCE
(27) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	WINDOM	CHARLES	E				
(28) Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver								
(29) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
								24' PICKETT FENCE
(30) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	CARR	EARLENE					
(31) Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver								
(32) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
								REAR OF HOUSE & FENC
(33) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> 00	LUMAN	CARRIE					
(34) Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver								
(35) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
								PERSONAL PROPERTY

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit		Carrier Name	Address							
01	HL MOTOR GROUP INC		15 OLD COLONY ROAD UNIT 33							
(37) City		State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input checked="" type="checkbox"/> 26K+ lbs.	Axle Qty. <input type="checkbox"/> 05	Cargo Body <input type="checkbox"/> 03	Vehicle Use <input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce			
RICHMOND HILL		ON	L4E 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(38) U.S. DOT Number		NASI Report Number		Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2274502		OK						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(39) Unit		Carrier Name	Address							
(40) City		State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.	Axle Qty. <input type="checkbox"/>	Cargo Body <input type="checkbox"/>	Vehicle Use <input type="checkbox"/> Interstate Commerce <input type="checkbox"/> Intrastate Commerce			
(41) U.S. DOT Number		NASI Report Number		Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		OK						Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Position in Vehicle



## Vehicle Configuration

00. N/A

01. Passenger Veh. - 2 Dr  
02. Passenger Veh. - 4 Dr  
03. Passenger Veh. Conv.  
04. Pickup  
05. Single Unit Truck, 2 axles  
06. Single Unit Truck, 3+ axles  
07. School Bus  
08. Truck/Trailer  
09. Truck-Tractor (Bobtail)  
10. Truck-Tractor/ Semi-Trailer  
11. Truck-Tractor/ Double  
12. Truck-Tractor/ Triple  
13. Bus/ Large Van 9-15 occupants including driver  
14. Bus 16+ occupants including driver  
15. Motorcycle  
16. Motor Scooter/ Moped  
17. Motor Home

## Cargo Body Type

00. N/A

06. Intermodal  
01. Bus 9-15 seats  
02. Bus 16+ seats  
03. Van / Enclosed Box / Stock Trailer  
04. Cargo Tank  
05. Flatbed  
11. Hopper (grain/ chips/gravel)  
07. Dump Truck/ Trailer  
12. Pole Trailer  
08. Concrete Mixer  
09. Auto Transporter  
10. Garbage/Refuse  
13. Log Trailer  
14. Vehicle Towing Vehicle  
15. Other  
99. Unknown



DPS: 0192-02 REV 0107

Case Number YE00112-20

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 6

Case Number YE00112-20

Latitude 35.5083

Longitude N -97.6986

Railroad Crossing Number W

Roadway Orientation

Unit Number 01 NE SW S

Pg 4 of 6

Unit Number 02 NE SW E



## COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	44	71	35	71	44
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
02	34	00	00	00	34	44

- 00 Not Applicable
- 10 Overturn/Rollover
- 11 Fire/Explosion
- 12 Immersion
- 13 Jackknife
- 14 Cargo/Equipment Loss or Shift
- 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
- 16 Separation of Units
- 17 Departed Road Right
- 18 Departed Road Left
- 19 Cross Median/Centerline
- 20 Downhill Runaway

- 21 Fell/Jumped From Motor Vehicle
- 22 Thrown Or Falling Object
- 23 Other Non-Collision
- PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
- 30 Pedestrian
- 31 Pedal Cycle
- 32 Railway Vehicle (train, engine)
- 33 Animal
- 34 Motor Vehicle in Transport
- 35 Parked Motor Vehicle
- 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

- 37 Work Zone/Maintenance Equipment
- 38 Other Non-Fixed Object
- FIXED OBJECT:
- 40 Barrier (Cable)
- 41 Barrier (Concrete)
- 42 Barrier (Other)
- 43 Fence Pole
- 44 Fence
- 45 Traffic Signal Support
- 46 Traffic Sign Support
- 47 Utility Pole/Light Support
- 48 Other Post/Pole/Support
- 49 Guardrail/Guardrail Face
- 50 Guardrail End
- 51 Culvert
- 52 Curb
- 53 Island
- 54 Sand Barrels
- 55 Impact Attenuator/ Crash Cushion
- 56 Pavement Drop-Off
- 57 Ditch
- 58 Embankment
- 59 Tree (Standing)
- 60 Dividing Strip
- 61 Retaining Wall
- 62 Bridge Abutment
- 63 Bridge Pier or Support
- 64 Bridge Rail
- 65 Bridge Post
- 66 Bridge Curb
- 67 Bridge Super Structure (Beams)
- 68 Bridge Overhead Structure
- 69 Delineator
- 70 Mailbox
- 71 Other Fixed Object
- 72 Other Highway Structure
- 73 Ground
- 99 Unknown

## Remarks

UNIT 1 WAS SOUTHBOUND ON THE KILPATRICK TURNPIKE (JKT) IN THE OUTSIDE LANE. UNIT 1 WENT RIGHT OFF THE ROADWAY JUST AFTER CROSSING SH 66 OP GOING ABOUT 260' THROUGH GRASS EMBANKMENT FIRST STRIKING A FENCE LINE BEHIND 3720 CATAMARAN DR. AOI WAS APPROX 264' NORTH OF THE NORTH EDGE OF NW 36TH ST AND 138' WEST OF THE WEST EDGE OF JKT SB LANES. IN CHRONOLOGY, UNIT 1 WENT THROUGH SECOND FENCE, STRUCK THE REAR OF HOUSE/FENCE 3716 CATAMARAN DR, STRUCK THE FRONT OF DUPLEX 3706 & 3704 CATAMARAN DR, STRUCK UNIT 2 PARKED IN DRIVEWAY OF 3704, STRUCK TREES, MADE A HARD LEFT AT NW 36TH TO THE REAR OF 3700 CATAMARAN DR, STRUCK A SANITARY SEWER THEN CAME TO REST. AOI WAS APPROX 57' NORTH OF THE NORTH EDGE OF NW 36TH AND 129' WEST OF THE WEST EDGE OF JKT SB LANES. UNIT 2 AOR WAS APPROX 75' SOUTH OF ITS IMPACT. PRE-IMPACT THERE IS NO EVIDENCE OF BRAKING OR OPERATOR INPUT. POST IMPACT, ABOUT THE REAR OF 3716 CATAMARAN DR, THERE SEEMS TO BE BOTH STEERING AND BRAKING INPUT. WITNESS STATES SHE SAW UNIT 1 LEAVE THE ROADWAY 'AS IF IT WERE TAKING AN EXIT.' UNIT 1 DRIVER STATES THAT HE DID NOT RECALL EVENTS PRIOR TO THE COLLISION, AND THAT HE HAS NO MEDICAL CONDITION THAT SHOULD HAVE CAUSED UNCONSCIOUSNESS. AFTER EVENT INSPECTION OF UNIT 1 BY TRP

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

Case Number YE00112-20

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT  
PERSONS SUPPLEMENTAL

Pg 5 of 6

(42) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name MENDENHALL	First EMILY	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(43) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(44) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type PERSONAL PROPERTY	
(45) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name PALMER	First ASHLYN	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(46) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(47) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type PERSONAL PROPERTY	
(48) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name REYNOLDS	First MARIE	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(49) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(50) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(51) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name LUNDY	First RANDY	Middle J	Suffix	DOB(mm/dd/yyyy)	Sex
(52) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(53) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type DUPLEX OWNER	
(54) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name OKLAHOMA CITY UTILITIES	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(55) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(56) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type SANITARY SEWER TOP	
(57) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(58) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(59) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(60) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(61) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(62) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(63) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(64) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(65) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(66) Unit		Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/> 00	Pos in Veh. <input type="checkbox"/> 00	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(67) Address		Same as Driver		City	State	Zip	Telephone (Use Area Code)		
(68) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	

Case Number YE00112-20

**OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT  
ADDITIONAL NARRATIVE**

Pg 6 of 6

RAGLAND S729 DID NOT REVEAL ANY OBVIOUS MECHANICAL DEFECTS. RAGLAND'S INSPECTION REPORT IS #OKI104152005. UNIT 1 DRIVER LOG SHOWS DRIVER HAD BEEN ACTIVE FOR AT LEAST 9 HOURS. INVESTIGATION EVIDENCE POINT TO SLEEPY DRIVER. AERIAL MAPPING AND DIAGRAM ASSISTANCE BY TRP CONWAY #337 (THU) WITH SUPPLEMENTAL REPORT CR03038-20.

PHOTOS WERE TAKEN BY TROOPERS LINZY AND CONWAY, HOMEOWNERS, AND MEDIA AND WERE STORED AT TROOP HQ'S AND INDIVIDUAL DEVICES.

